

Module 14:

Participant-Centered Education

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Overview

Introduction

This module covers information about:

- participant-centered education* and
 - the Stages of Change Model.
-

Learning Objectives

After completing this module the CNW will be able to:

- explain the meaning and importance of “participant-centered education”,
 - use information from this module to improve individual education knowledge and skills,
 - explain the “stages of behavior change” and how to help people at each stage,
 - explain the importance of knowing which stage a participant is in, and
 - show how to provide participant-centered education
-

Words that you may not know are **underlined. Definitions for these words can be found in the **Glossary** at the end of the module. (Note: Words are only underlined the first few times they appear in the text.)*

Participant-Centered Education

Definition

Participant-centered education is an educational approach that focuses on the participant's concerns that involves the participant in making decisions and solving problems.

Important in Helping Change Behavior

Our goal at WIC is to help people change their eating behaviors or other health-related behaviors. Participant-centered education is a useful way to help participants change their behaviors.

Participant-centered education works because:

- **It never assumes what is important to the participant.** (We often think we know what is important to the participant but we really do not know unless we ask the participant.)
- **It focuses on what is real now, right now for the participant.**
- **It does not waste time on topics that the participant is not interested in.** (Sometimes we may not realize what a participant already knows or does not know. We may end up talking about something that s/he finds boring or cannot understand.)
- **It does not tell participants what to do.** (You may feel it would be quicker or easier to tell a participant what s/he should know or do. This usually does NOT help the participant because most participants do NOT like to be told what to do!)

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Participant-Centered Education (continued)

Elements

A participant-centered education session should include the following elements:

- welcome and introduction,
- establishing rapport with participant,
- gathering of information,
- assessment,
- focus on participant's topic,
- providing information,
- discussion of habit change goals, and
- closing of session.

Chart of Elements

The chart on the next page describes these elements. Use the chart to guide you as you learn more about participant-centered education.

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Participant-Centered Education (continued)

Welcome and Introduction

- Greet the participant and family members by name.
- Introduce yourself.
- Explain purpose of visit.

Establishing Rapport

- Use body language that encourages the participant to talk.
- Maintain eye contact that is appropriate for the culture and comfort of the participant.
- Show concern for the participant's feelings.
- Use active listening skills.

Gathering Information

- Use open-ended, directive and closed-ended questions as appropriate.

Assessment

- Find out participant's:
 - concerns,
 - questions,
 - current knowledge and
 - stage of change.

Focus on Participant's Topic

- Support participant in deciding what topic to discuss and when.

Providing Information

- Speak directly to participant in a friendly manner.
- Speak according to participant's education, culture, interest, language, learning ability and stage of change.
- Provide non-judgmental responses.
- Connect participant's current health information & food habits with health issues.
- Provide accurate and up-to-date information.
- Cover the topic's main points.
- Correct misinformation gracefully.
- Check to see if participant understands.
- Use visual aids that fit participant's education, culture and interest
- Encourage questions.

Learning Activity 1

To learn more about participant-centered education you may want to try **Learning Activity 1** found at the end of this module.

Stages of Change

Growth

Changing behavior is hard to do. Participants will change at different rates and go through different stages when changing a behavior.

Stages of Change Model

The Stages of Change Model is a way of thinking about how people make personal behavior changes. There are 5 stages that people go through when they change a behavior or habit.

These stages are:

- pre-contemplation,
 - contemplation,
 - preparation,
 - action, and
 - maintenance
-

Pre-contemplation

The pre-contemplation stage is the “**not ever thinking about it**” stage. People in this stage have no plans to change their behavior.

They may or may not be aware of how risky their behavior is. **They may not see their behavior as a problem.**

Contemplation

The contemplation stage is the “**thinking about it**” stage. People in this stage often say they would like to change but do not know how they will make the change. They may be thinking about the “pros” and “cons” of change.

Preparation

The preparation stage is the “**ready for action**” stage. People in this stage have plans to change their behavior in the near future. They may already have taken some actions.

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Stages of Change (continued)

Action

The action stage is the “**doing it**” stage. People in this stage have successfully changed their behavior for a short period of time.

Maintenance

The maintenance stage is the “**sticking to it**” or “**living it**” stage. People in this stage have successfully maintained their behavior change for **6** months or longer.

For many people this is the hardest stage. People sometimes skip back into old habits.

Change Process

When using the Stages of Change Model remember:

- People may move back and forth between stages
 - Not all people go through all the stages for each change they make.
 - Returning to an old behavior is common and may happen at any stage.
-

Relapse

It is hard to change a behavior. People often do not realize this and may want to give up. People often slip back into “old” and “unwanted” habits. Returning to a previous unwanted behavior or habit is called relapse.

A participant may be more successful in the future if s/he learns from her/his setbacks and does not give up.

Most people who try to make a change go through some of the stages over and over again. People may find themselves back at the contemplation or preparation stage.

Stages of Change (continued)

Stages of Change Chart

You may wish to use the Stages of Change Chart that follows to help you remember the 5 stages.

Stage	Phrase	What's going on for the participant?	Example
Pre-Contemplation	"not thinking about it"	She is not thinking about changing her behavior; there is no plan to change.	Participant is 10 weeks pregnant and is eating an unhealthy diet.
Contemplation	"thinking about it"	She is thinking about changing her behavior	Participant is thinking about eating healthier.
Preparation	"getting ready for action"	She is getting ready to change her behavior.	Participant asks for a list of healthy breakfast foods.
Action	"doing it"	She is starting to change her behavior.	Participant now eats a healthy breakfast.
Maintenance	"living it" or "sticking to it"	She has successfully maintained her behavior change for over 6 months.	Participant has been eating healthier for 7 months.
Relapse	"going back to old habits"	She goes back to old habits.	Participant is eating unhealthy breakfast foods.

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Stages of Change (continued)

Learning Activity 2

To practice using the Stages of Change Model you may want to try **Learning Activity 2** found at the end of this module.

Learning Activity 3

To learn more about changing eating behaviors you may want to try **Learning Activity 3** found at the end of this module.

Interventions

Staging

Deciding which stage of change the participant is in is called staging. Staging is an important part of the individual education session.

Once you know which stage of change a participant is in you can help her/him change her/his behavior more easily.

Importance of Staging

What you and the participant discuss during the session should be based on the participant's stage of change.

For example, if someone is in the pre-contemplation stage of change asking how s/he will change her behavior tomorrow would probably not help. Instead you might help the participant become aware of her/his personal risks.

Or, if someone is already in the preparation stage, giving her/him more reasons to change would not be as useful as helping the participant put together a plan.

Intervention

An intervention is an action or approach by a WIC staff person that helps the participant change her/his behavior. An intervention may change the participant's thinking or understanding of her/his behavior.

Individual Differences

We all deal with life in our own way. Each participant is an individual with different background and experiences. You may need to approach each participant differently depending on the situation.

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Interventions (continued)

Interventions Chart

The chart on the next page may help guide you on the approach you might use for a particular stage of change. Use the chart for guidance on what to say or do with a participant. What you say or do may help move a participant from one stage to another.

Application

You may need to practice these approaches many, many times before you will be come comfortable with them.

Learning Activities 5, 6 & 7

To learn more about how to support participants in their behavior change efforts you may want to try **Learning Activities 5, 6, and 7** found at the end of this module.

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Interventions (continued)

Interventions Chart

Stage of Change	Suggested Approach
Pre-Contemplation <i>(Participant is in denial – she doesn't see it)</i>	Help participant to: (SEE IT) <ul style="list-style-type: none"> • become aware of risks and • see personal side of risk. <i>For example: "Did you know breast milk is the best food for an infant and can protect him from infections and diseases?!"</i>
Contemplation <i>(Participant is thinking about it—she sees it, but...)</i>	Ask participant to: (LOOK AT WHAT GETS IN THE WAY) <ul style="list-style-type: none"> • look at pro's & con's and • focus on pro side. <i>For example: "How do you feel about breast-feeding? – What are the benefits? – What makes it hard for you to breastfeed?"</i>
Preparation <i>(Participant is ready for action—she has decided to take action)</i>	Help participant to: (SOLVE IT) <ul style="list-style-type: none"> • put together a plan, • get encouragement, and • feel empowered. <i>For example: "What a great decision! Tell me about your plan to nurse your baby."</i>
Action <i>(Participant is doing it!)</i>	Help participant to: (LIVE IT) <ul style="list-style-type: none"> • get praise and recognition, • identify rewards, and • solve potential problems. <i>For example: "You have done a wonderful thing for your baby! How is nursing your baby going?"</i>
Maintenance <i>(Participant is living it!)</i>	Help participant to: (LIVE IT) <ul style="list-style-type: none"> • get praise and recognition, • identify social support, and • become a role model to others. <i>For example: "You have done so well. Would you like to become a peer counselor to help others who want to breastfeed their babies?"</i>
Relapse <i>(Participant has gone back to past behavior)</i>	Help participant to: (DO IT AGAIN) <ul style="list-style-type: none"> • focus on past successes and • put together another plan <i>For example: "You have been a great peer counselor! I hear how much you help other women at our clinic. Since you're pregnant, let's look at how you will nurse your next baby."</i>

Summary

Participant-Centered Education

Participant-centered education is a way of education that focuses on the participant's concerns and that involves the participant in making decisions and solving problems.

Stages of Change Model

The Stages of Change Model is a way of thinking about how people change personal behavior. There are 5 stages in this model. These stages are:

- pre-contemplation,
 - contemplation,
 - preparation,
 - action, and
 - maintenance
-

Change Process

Change is not easy. It may take a long time before a participant succeeds in maintain a change in behavior. At any time during any stage, people can relapse back to an old behavior or habit. People can and do move back and forth between stages.

Understanding the Stages

Staging is deciding what stage of change a participant is in at the time of the session. By knowing the stage that a participant is in you will give the participant the most appropriate intervention. An intervention is an action or approach by a staff person that supports a behavior change.

Glossary

action – Action is the stage of change in which the person begins to change behavior. It is often thought of as the “doing it” stage of behavior change.

closed-ended question – A closed-ended question is usually answered with a short phrase such as “yes” or “no”.

closing a session – Closing a session is ending the session.

contemplation – Contemplation is the stage of change in which the person starts to think about changing her/his behavior. It is often thought of as the “thinking about it” stage of behavior change.

directive questions – A directive question asks for more information and usually contains a phrase such as, “tell me more”.

intervention – An intervention is an action or approach by a staff person that helps the person change behavior.

maintenance - Maintenance is the stage of change in which the person has successfully changed the behavior for over 6 months. It is often thought of as the “sticking to it” or “living it” stage of behavior change.

open-ended questions – An open-ended question cannot be answered with a simple response such as “yes” or “no”.

participant-centered education – Participant-centered education is an educational approach that focuses on the participant’s concerns and that involves the participant in making decisions and solving problems.

pre-contemplation – Pre-contemplation is the stage of change in which the person does not think about changing behavior. It is often thought of as the “not thinking about it” stage of behavior change.

preparation – is the stage of change in which the person gets ready for the change in behavior by doing such things as getting together needed information so the change can occur. It is often thought of as the “getting ready for action” stage of behavior change.

Glossary (continued)

relapse – Relapse means to return to a past behavior or habit that is usually not wanted. Sometimes the phrase “slip back into old habits” is used to mean relapse.

role play – A role play is a situation in which two or more people act out a scene.

Stages of Change Model – The Stages of Change Model is a way of thinking about how people make personal behavior change. There are 5 stages that people go through when they change a behavior or habit. These stages are pre-contemplation, contemplation, preparation, action, and maintenance. The Stages of Change Model was developed by Prochaska and is also called the Transtheoretical Model.

staging - Staging is deciding what stage of change a participant is in at the time of the session.

Progress Check

1. Mark the following as "TRUE" or "FALSE".

- _____ Participant-centered education is an educational approach That focuses on the participant's concerns and that involves the participant in making decisions and solving problems.
- _____ To help change behavior, the participant must play a key role in the education session.
- _____ CNWs always know what is important to the participant.
- _____ Participant-centered education works because it focuses on the needs identified by the staff person.
- _____ Participant-centered education does not waste time on topics that are not of interest to the participant.
- _____ Participant-centered education can easily be done by reading information to the participant.
- _____ In participant-centered education the educator develops the plan for change.

2. Put a check mark before any of the elements that would help to make a session participant-centered.

- _____ welcome and introduction of staff person
- _____ giving as much information as possible
- _____ careful listening
- _____ concern for participants feelings and emotions
- _____ providing opinions that differ from the participant's views
- _____ focusing on the participant's topic

Progress Check (continued)

3. Number the stages of change in the order in which they usually happen. Order them from 1 to 5.

_____ contemplation
_____ maintenance
_____ preparation
_____ pre-contemplation
_____ action

4. Briefly define each of the following words.

Contemplation –

Maintenance –

Preparation –

Pre-contemplation –

Action –

Relapse –

Staging –

Progress Check (continued)

5. Identify the stage of change for each of the following participants.

Description

Stage

Amy Tang is new to WIC. She doesn't say much but tells you she has read all the pamphlets on breastfeeding and may consider breastfeeding her new baby. She says she wants to make sure her child is healthy.

Maria Garcia's 2-year old son Miguel drinks from a bottle. Maria is not at all concerned about this and does not see this as a problem.

Pamela Johnson is 2 months pregnant and used to smoke a pack of cigarettes/day. She says she knows smoking is not good for her health and she is aware of the harmful effects on the fetus. She has not smoked in 7 months.

Amanda Gomez has just started eating more fruits and vegetables. She tells you it has been 2 months and she feels so much better.

Juanita Folk says she has read several pamphlets on nutrition that she got at her last visit. She wants to know what she should do to eat more nutritiously.

Progress Check (continued)

6. Match each stage of change with the recommended approach/intervention.

<u>Stage of Change</u>	<u>Approach</u>
_____ Contemplation	a. assist with developing a specific plan
_____ Pre-contemplation	b. assist with relapse prevention
_____ Preparation-contemplation	c. provide information on personal risk
_____ Action	d. explore pro's & con's
_____ Maintenance	e. provide ideas for rewards

Learning Activities

The following activities are included and are recommended for interactive learning:

- Learning Activity 1: Imagine...
- Learning Activity 2: Changing Behavior Isn't Easy!
- Learning Activity 3: The Stages of Change
- Learning Activity 4: The Foods We Eat
- Learning Activity 5: Appropriate Approaches
- Learning Activity 6: Observations
- Learning Activity 7: Role Plays

Activity 1: Imagine...

Learning Objectives

After completing this activity the CNW will be able to:

- Experience what it might be like to be a participant and
 - Recognize the importance of participant-centered education.
-

Instructions

1. If possible, find a quiet place to sit. Sit comfortably with your feet flat on the floor. Take a few deep, relaxing breaths. You may want to close your eyes.
 2. After spending a few minutes sitting quietly, imagine that you are a WIC participant. This is your first visit. Imagine yourself walking through the door. You don't know anyone. You step toward the front counter. The person at the front desk greets you. She tells you to "have a seat."
 3. How do you feel? What questions do you have? Maybe you don't have any questions. What are you worried about? What expectations do you have?
 4. Open your eyes and look at your body. What non-verbal cues do you notice?
 5. Now stand up and walk around for a bit.
 6. Write down your feelings. Use the form on the next page to guide you.
-

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Activity 1: Imagine... (continued)

What did you experience? Specific feelings? Specific concerns?
Any non-verbal cues?

What would you do to help a participant feel more comfortable?

1.

2.

3.

4.

5.

continued on next page

Activity 2: Changing Behavior Isn't Easy

Learning Objectives

After completing this activity the CNW will be able to:

- Identify why people change or do not change their behaviors.

Background

One of the WIC Program's goals is to help its participants change their food and health-related behaviors. Helping people change behavior is NOT easy.

There are many reasons why people change or do not change their behaviors.

Instructions

1. Think about a food or health behavior that you **have changed** and **have not changed** since becoming an adult.
2. Write down the behaviors and the most important reasons why you changed or did not change the behavior. Use the form on the next page for your responses.
3. Keep the reasons you listed in mind as you learn more about behavior change.
4. Did anyone help you change this behavior? If so, how?

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Activity 2: Changing Behavior Isn't Easy (Continued)

Food or Health Behavior	Reasons
<p>What was the behavior that you changed?</p>	<p>Why did you change this behavior?</p> <p>1.</p> <p>2.</p> <p>3.</p>
<p>What was the behavior that you did NOT change?</p>	<p>Why did you NOT change this behavior?</p> <p>1.</p> <p>2.</p> <p>3.</p>

Activity 3: The Stages of Change

Learning Objectives

After completing this activity the CNW will be able to:

- identify and describe the 5 stages of change,
- apply the Stages of Change Model to a personal change in behavior, and
- apply the Stages of Change Model to another person's change in a nutrition habit.

Instructions

1. Using the form that follows, label each of the 5 "steps" in the "staircase" with the appropriate stage of change. The *pre-contemplation* stage has already been labeled for you.
2. Think of a health habit you have added to or cut out of your daily life. Write down the habit in the box provided.
3. In the shaded area to the right of each step write down how you felt during each stage. Use the example as a guide.
4. Repeat the activity with someone who has changed a nutrition habit (eating more fruits and vegetables, eating less high-fat foods, etc.)

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Activity 3: The Stages of Change (continued)

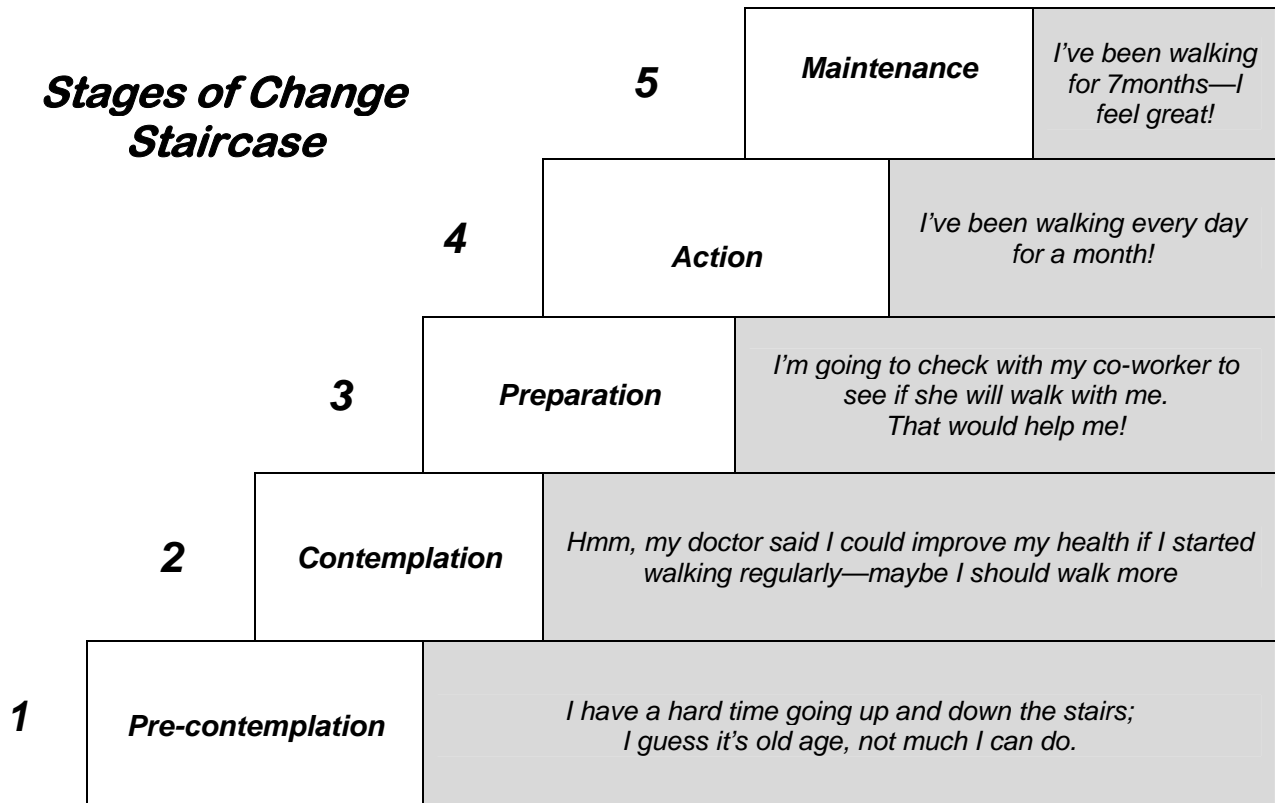
EXAMPLE:

Think of a health habit you have added to or cut out of your daily routine (for example: exercising, stopping smoking, eating more fruits and vegetables, eating less high-fat foods, etc.):

Habit:

walking

Complete the staircase below.



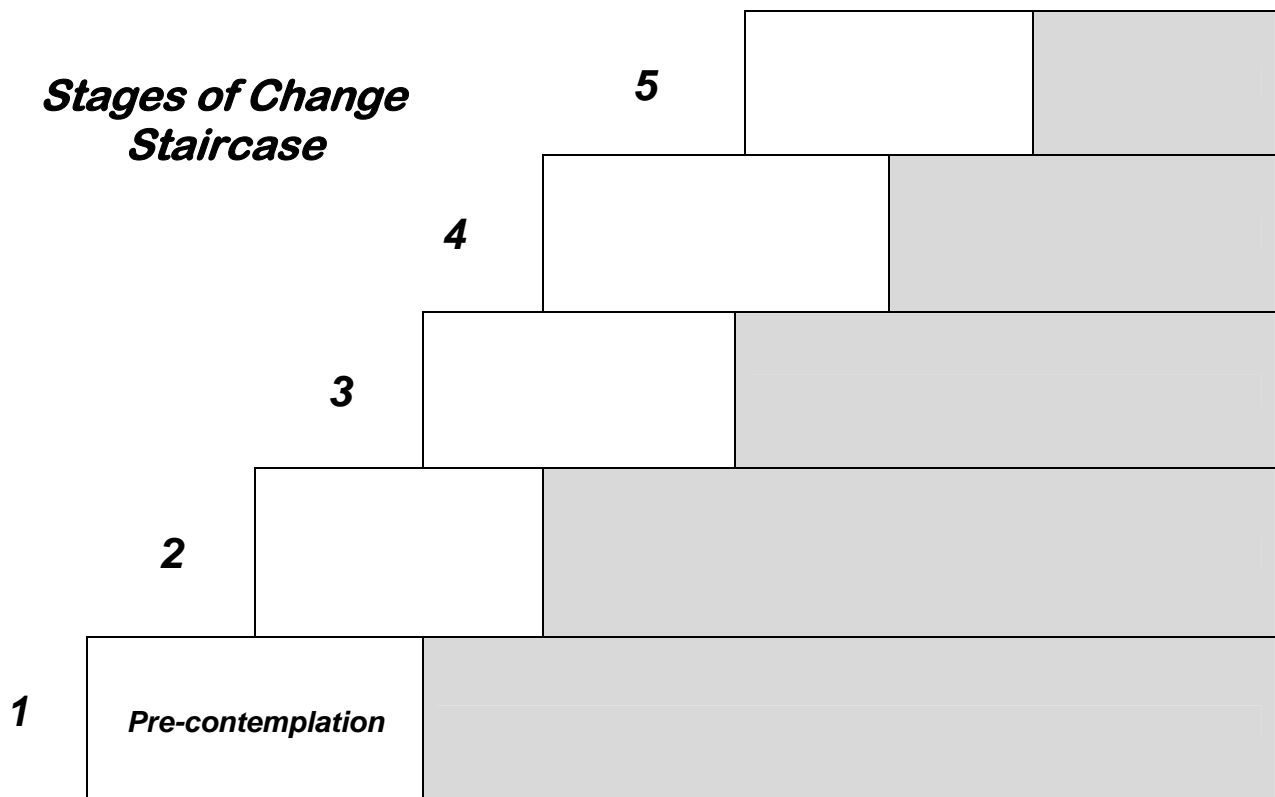
Activity 3: The Stages of Change (continued)

EXAMPLE:

Think of a health habit **you** have added to or cut out of your daily routine (for example: exercising, stopping smoking, eating more fruits and vegetables, eating less high-fat foods, etc.):

Your Habit:

Complete the staircase below.

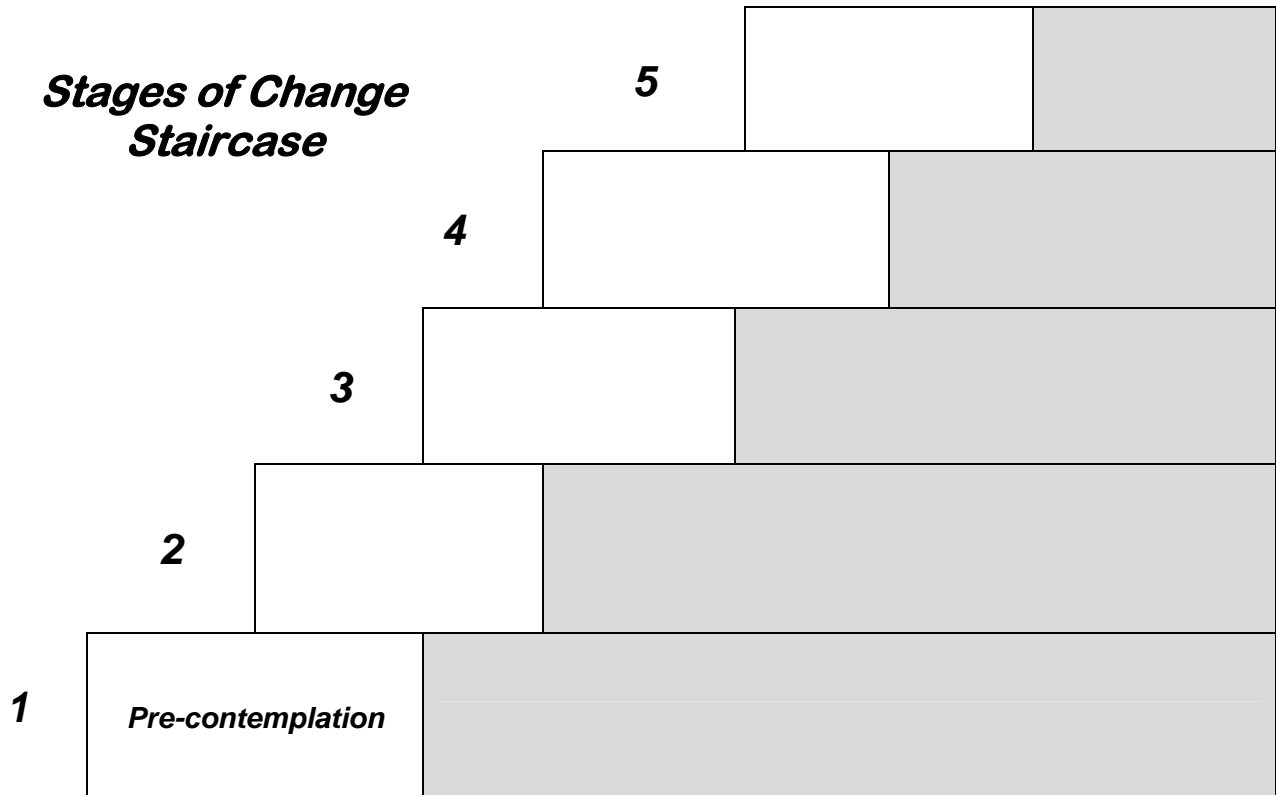


Activity 3: The Stages of Change (continued)

Write down the health habit **someone you know** has added to or cut out of her/his daily routine. For example: exercising, stopping smoking, eating more fruits and vegetables, eating less high-fat foods, etc.

Someone Else's Habit:

Complete the staircase below.



Activity 4: The Foods We Eat

Learning Objectives

After completing this activity the CNW will be able to:

- Identify some of the reasons that people choose the foods they eat.

Background

People have many reasons for choosing which foods they eat. These include:

- Taste
- Cost
- Availability
- Medical factors (such as if the person is diabetic or lactos intolerant)
- Religion
- Family preferences
- Advertising
- Convenience
- Nutrition or health value

Instructions

1. Think about some of your favorite foods. Using the form, list the reasons you eat them.
2. Now think about the foods you don't eat. List the reasons you don't eat them.
3. What is the main reason you eat certain foods?

continued on next page

Activity 4: The Foods We Eat (continued)

Principle	Description
List some of the foods you eat:	List some of the reasons you eat these foods:
List some of the foods you don't eat :	List some of the reasons you don't eat these foods:
List your main reasons for eating:	

Why We Eat

The **most important reason for choosing a food is taste**. Remember most people only eat what tastes good to them and that nutrition is usually less important to people than the other factors.

Activity 5: Appropriate Approaches

Learning Objectives

After completing this activity the CNW will be able to:

- Identify a participant's stage of change
- Identify at least 1 approach to shift a participant to the next stage.

Instructions

1. Imagine that you are trying to help each of the participants described on the following pages.
2. Identify the stage of change for each participant.
3. What will be your approach?
4. Write your responses in the shaded boxes provided.
5. Now imagine you are the participant. Review each of your responses. Do they seem appropriate? Respectful? Non-judgmental? Clear? Re-work your responses as needed.

continued on next page

Activity 5: Appropriate Approaches (Continued)

Participant May Hong: *(She is a new mom who has a 1-month old baby and has been breastfeeding for 1 month. She says very little.)*

"I am new to WIC. Can I get formula for my baby?"

Stage

Response.

Re-worked Response

Activity 5: Appropriate Approaches (continued)

Participant Heather Winn: *(She is with her 3-year old daughter, Tabatha, who still drinks from a bottle.)*

"I never knew that it was bad to have Tabatha on the bottle so long. She's my first child and I just bought her a sippy cup yesterday after talking to another person at WIC."

Stage

Response

Re-worked Response

Activity 5: Appropriate Approaches (continued)

Participant Ana Espinoza:

“Hi. I’m pregnant. This is my third baby. I never have any problems. I usually don’t worry. My sister says I should eat healthier...maybe I should. What do you think?”

Stage

Response

Re-worked Response

Activity 5: Appropriate Approaches (continued)

Participant June Wilson:

"I am doing great. The person I talked to last time told me I should try eating more fruits and vegetables. I didn't realize that I didn't eat enough fruits and veggies---I just never knew. And it's been easy. I just have to remember to do it since I'm so busy with my 3 kids! Last week I started eating more veggies when I remembered I had this appointment coming up."

Stage

Response

Re-worked Response

Activity 5: Appropriate Approaches (continued)

Participant Jane Morgan

"I used to smoke, but since I got a referral a year ago I haven't had a puff! The American Lung Program really helped me out. Lately though, I've been pretty stressed out. Matt is crawling all over the house and getting into stuff. It's really bad right after dinner when I feel like just having a smoke. It's hard!"

Stage

Response

Re-worked Response

Activity 6: Observations

Learning Objectives

After completing this activity the CNW will be able to:

- Identify a participant-centered education by observing 3 individual education sessions and
- Evaluate 3 individual education sessions using the *List of Competencies for Participant-Centered Education*.

Background

An individual education session is **Participant-centered only if the participant has control** over what is talked about and any decisions that are made during the session.

Instructions

1. Arrange to observe 3 individual education sessions between a co-worker and a participant.
2. Make sure the participant gives consent for you to watch.
3. Observe the educational session using the *List of Competencies for Participant-Centered Education* as a guide.
4. Check off the items when applicable.
5. After the session decide if the session was participant-centered.

Activity 6: Observations (Continued)

List of Competencies for Participant-Centered Education

ITEM	√	NOTES
1. Looks up AIM notes/comments & reviews participant's food & health habit information		
2. Welcomes participant & introduces self <ul style="list-style-type: none"> • Uses participant's and other family member's names • Explains purpose of visit 		
3. Explains the confidentiality policy		
4. Establishes rapport with participant <ul style="list-style-type: none"> • Uses body language to encourage responses from participant • Maintains appropriate eye contact for the culture & comfort of participant • Shows concern for & recognizes participant's feelings & emotions • Listens carefully; allows participant to ask & respond to questions 		
5. Gathers information <ul style="list-style-type: none"> • Uses open-ended directive & closed-ended questions as appropriate. 		
6. Assesses participant's concerns, questions, current knowledge & stage of change.		
7. Supports participant in deciding what topic to discuss and when		
8. Provides needed information to participant <ul style="list-style-type: none"> • Speaks directly to participant in a friendly manner • Connects the participant's current health information & food habits with health issues • Goes over the topic's main points or discusses the topic in general • Provides correct and up-to-date information • Uses visual aids appropriately for participant's education, culture & interest • Checks in as needed to see if participant understands the information • Provides non-judgmental responses 		

Activity 6: Observations (Continued)

List of Competencies for Participant-Centered Education (continued)

ITEM	√	NOTES
9. Speaks appropriately to participant by considering: <ul style="list-style-type: none"> • Education: Knowledge level • Family customs & culture • Interest level • Language • Learning ability • Stage of Change 		
10. Discusses possible habit change goals <ul style="list-style-type: none"> • Makes positive comments about what participant is doing correctly • Responds to participant's worries without being judgmental • Discusses possible actions participant can take to achieve habit change goals 		
11. Seems to be well-organized <ul style="list-style-type: none"> • Uses time effectively • Maintains order 		
12. Closes sessions appropriately <ul style="list-style-type: none"> • Summarizes session • Reviews any agreements and/or "next step" plans that were made • Refers participant to a dietitian and/or other professional according to local agency procedures • Asks participant if s/he has any questions or concerns • Documents 		

Activity 6: Observations (Continued)

List of Competencies for Participant-Centered Education (Cont)

ITEM	√	NOTES
1. Looks up AIM notes/comments & reviews participant's food & health habit information		
2. Welcomes participant & introduces self <ul style="list-style-type: none"> • Uses participant's and other family member's names • Explains purpose of visit 		
3. Explains the confidentiality policy		
4. Establishes rapport with participant <ul style="list-style-type: none"> • Uses body language to encourage responses from participant • Maintains appropriate eye contact for the culture & comfort of participant • Shows concern for & recognizes participant's feelings & emotions • Listens carefully; allows participant to ask & respond to questions 		
5. Gathers information <ul style="list-style-type: none"> • Uses open-ended directive & closed-ended questions as appropriate. 		
6. Assesses participant's concerns, questions, current knowledge & stage of change.		
7. Supports participant in deciding what topic to discuss and when		
8. Provides needed information to participant <ul style="list-style-type: none"> • Speaks directly to participant in a friendly manner • Connects the participant's current health information & food habits with health issues • Goes over the topic's main points or discusses the topic in general • Provides correct and up-to-date information • Uses visual aids appropriately for participant's education, culture & interest • Checks in as needed to see if participant understands the information • Provides non-judgmental responses 		

Activity 6: Observations (Continued)

List of Competencies for Participant-Centered Education (continued)

ITEM	√	NOTES
9. Speaks appropriately to participant by considering: <ul style="list-style-type: none"> • Education: Knowledge level • Family customs & culture • Interest level • Language • Learning ability • Stage of Change 		
10. Discusses possible habit change goals <ul style="list-style-type: none"> • Makes positive comments about what participant is doing correctly • Responds to participant's worries without being judgmental • Discusses possible actions participant can take to achieve habit change goals 		
11. Seems to be well-organized <ul style="list-style-type: none"> • Uses time effectively • Maintains order 		
12. Closes sessions appropriately <ul style="list-style-type: none"> • Summarizes session • Reviews any agreements and/or "next step" plans that were made • Refers participant to a dietitian and/or other professional according to local agency procedures • Asks participant if s/he has any questions or concerns • Documents 		

Activity 6: Observations (Continued)

List of Competencies for Participant-Centered Education

ITEM	√	NOTES
1. Looks up AIM notes/comments & reviews participant's food & health habit information		
2. Welcomes participant & introduces self <ul style="list-style-type: none"> • Uses participant's and other family member's names • Explains purpose of visit 		
3. Explains the confidentiality policy		
4. Establishes rapport with participant <ul style="list-style-type: none"> • Uses body language to encourage responses from participant • Maintains appropriate eye contact for the culture & comfort of participant • Shows concern for & recognizes participant's feelings & emotions • Listens carefully; allows participant to ask & respond to questions 		
5. Gathers information <ul style="list-style-type: none"> • Uses open-ended directive & closed-ended questions as appropriate. 		
6. Assesses participant's concerns, questions, current knowledge & stage of change.		
7. Supports participant in deciding what topic to discuss and when		
8. Provides needed information to participant <ul style="list-style-type: none"> • Speaks directly to participant in a friendly manner • Connects the participant's current health information & food habits with health issues • Goes over the topic's main points or discusses the topic in general • Provides correct and up-to-date information • Uses visual aids appropriately for participant's education, culture & interest • Checks in as needed to see if participant understands the information • Provides non-judgmental responses 		

Activity 6: Observations (Continued)

List of Competencies for Participant-Centered Education (continued)

ITEM	√	NOTES
9. Speaks appropriately to participant by considering: <ul style="list-style-type: none"> • Education: Knowledge level • Family customs & culture • Interest level • Language • Learning ability • Stage of Change 		
10. Discusses possible habit change goals <ul style="list-style-type: none"> • Makes positive comments about what participant is doing correctly • Responds to participant's worries without being judgmental • Discusses possible actions participant can take to achieve habit change goals 		
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Activity 7: Role Plays

Learning Objectives

After completing this activity the CNW will be able to:

- Demonstrate participant-centered education using the *List of Competencies for Participant-Centered Education* as a guide.

Background

A role play is a situation in which 2 or more people act out a scene. Props are not needed, but may be helpful.

Instructions

1. Have a co-worker role play any 3 of the 5 roles (A-E) described on the following page.
 2. Using the *List of Competencies for Participant-Centered Education* as a guide, act out the role of a WIC Nutrition Assistant in a session for these 3 participants.
 3. Co-Worker: Using the role-plays as your guide, act out the role of the participant. Try to be as realistic as possible;
 4. After each session, ask your co-worker to tell you what s/he noticed. Make sure to ask for your strengths as well as weaknesses.
-

Activity 7: Role Plays (Continued)

5 Participants

**Role Play
A**

Debbie Johnson is a 17-year old pregnant teen. She aborted her last 3 pregnancies. She is rather shy and does not say much.

**Role Play
B**

May Nguyen is currently breast-feeding her 3 month old daughter. She wants to start her daughter on formula.

**Role Play
C**

Tiffany Lee has a 3-year old son who is still drinking from a bottle. She is aware that her son should be off the bottle and is very eager to change the situation. (*He does use a cup at the daycare center.*)

**Role Play
D**

Silvia Espinoza, who is breastfeeding her 1-month-old son Tony, has mastitis. (*She speaks some basic English, but has problems with technical terms.*)

**Role Play
E**

Tanisha Jackson is a non-breastfeeding, single mother of twin infants. She does not have a car and with the twins she often cannot get to the grocery store to buy food. (*She often goes to the gas station across the street for snack-like foods.*)

Activity 7: Role Plays (Continued)

Session: _____

Date: _____

List of Competencies for Participant-Centered Education

ITEM	√	NOTES
1. Looks up AIM notes/comments & reviews participant's food & health habit information		
2. Welcomes participant & introduces self <ul style="list-style-type: none"> • Uses participant's and other family member's names • Explains purpose of visit 		
3. Explains the confidentiality policy		
4. Establishes rapport with participant <ul style="list-style-type: none"> • Uses body language to encourage responses from participant • Maintains appropriate eye contact for the culture & comfort of participant • Shows concern for & recognizes participant's feelings & emotions • Listens carefully; allows participant to ask & respond to questions 		
5. Gathers information <ul style="list-style-type: none"> • Uses open-ended directive & closed-ended questions as appropriate. 		
6. Assesses participant's concerns, questions, current knowledge & stage of change.		
7. Supports participant in deciding what topic to discuss and when		
8. Provides needed information to participant <ul style="list-style-type: none"> • Speaks directly to participant in a friendly manner • Connects the participant's current health information & food habits with health issues • Goes over the topic's main points or discusses the topic in general • Provides correct and up-to-date information • Uses visual aids appropriately for participant's education, culture & interest • Checks in as needed to see if participant understands the information • Provides non-judgmental responses 		

Activity 7: Role Plays (Continued)

List of Competencies for Participant-Centered Education (continued)

ITEM	√	NOTES
9. Speaks appropriately to participant by considering: <ul style="list-style-type: none"> • Education: Knowledge level • Family customs & culture • Interest level • Language • Learning ability • Stage of Change 		
10. Discusses possible habit change goals <ul style="list-style-type: none"> • Makes positive comments about what participant is doing correctly • Responds to participant's worries without being judgmental • Discusses possible actions participant can take to achieve habit change goals 		
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Progress Check Answers

1. Mark the following as "TRUE" or "FALSE".

TRUE Participant-centered education is an educational approach That focuses on the participant's concerns and that involves the participant in making decisions and solving problems.

TRUE To help change behavior, the participant must play a key role in the education session.

FALSE CNWs always know what is important to the participant.

FALSE Participant-centered education works because it focuses on the needs identified by the staff person.

TRUE Participant-centered education does not waste time on topics that are not of interest to the participant.

FALSE Participant-centered education can easily be done by reading information to the participant.

FALSE In participant-centered education the educator develops the plan for change.

2. Put a check mark before any of the elements that would help to make a session participant-centered.

☒ welcome and introduction of staff person

☐ giving as much information as possible

☒ careful listening

☒ concern for participants feelings and emotions

☐ providing opinions that differ from the participant's views

☒ focusing on the participant's topic

Progress Check Answers (continued)

3. Number the stages of change in the order in which they usually happen. Order them from 1 to 5.

<u> 2 </u>	contemplation
<u> 5 </u>	maintenance
<u> 3 </u>	preparation
<u> 1 </u>	pre-contemplation
<u> 4 </u>	action

4. Briefly define each of the following words.

contemplation – ***This is the “thinking about it” stage. The person is aware of the risks and has some general plans to change, but not specific plans have not yet been made. The person usually is thinking about the pro’s and con’s during this stage.***

maintenance – ***This is the “living it” or “sticking to it” stage. The person has maintained the behavior change for 6 months or more.***

preparation – ***This is the “ready for action” stage. The person is preparing to change behavior in the near future.***

pre-contemplation – ***This is the “not thinking about it ever” stage. The person has no plans to change the behavior and is not aware of the risks or does not see the behavior as a personal problem.***

action – ***This is the “doing it” stage. The person has successfully changed the behavior for a short period of time.***

relapse – ***Relapse means to return to a previous behavior or habit that is usually unwanted. Sometimes the phrase “slip back into old habits” is used to mean relapse.***

staging – ***Staging is deciding what stage of change a participant is in at the time of the session.***

Progress Check Answers (continued)

5. Identify the stage of change for each of the following participants.

Description

Stage

Amy Tang is new to WIC. She doesn't say much but tells you she has read all the pamphlets on breastfeeding and may consider breastfeeding her new baby. She says she wants to make sure her child is healthy.

Contemplation

Maria Garcia's 2-year old son Miguel drinks from a bottle. Maria is not at all concerned about this and does not see this as a problem.

Pre-Contemplation

Pamela Johnson is 2 months pregnant and used to smoke a pack of cigarettes/day. She says she knows smoking is not good for her health and she is aware of the harmful effects on the fetus. She has not smoked in 7 months.

Maintenance

Amanda Gomez has just started eating more fruits and vegetables. She tells you it has been 2 months and she feels so much better.

Action

Juanita Folk says she has read several pamphlets on nutrition that she got at her last visit. She wants to know what she should do to eat more nutritiously.

Preparation

Progress Check Answers (continued)

6. Match each stage of change with the recommended approach/intervention.

<u>Stage of Change</u>	<u>Approach</u>
___ d ___ Contemplation	a. assist with developing a specific plan
___ c ___ Pre-contemplation	b. assist with relapse prevention
___ a ___ Preparation	c. provide information on personal risk
___ e ___ Action	d. explore pro's & con's
___ b ___ Maintenance	e. provide ideas for rewards